

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

ADDRESS (number and street)

1111 North Fairfax Street

☐Check if different
than previously
reported. (ACC)

Alexandria

VA

22314

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00012880

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dave Mason

Signature of Treasurer

Electronically Filed by Dave Mason

Date

02

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		383492.14
(b) Cash on Hand at Beginning of Reporting Period	383492.14	
(c) Total Receipts (from Line 19)	20739.58	20739.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	404231.72	404231.72
7. Total Disbursements (from Line 31)	26050.00	26050.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	378181.72	378181.72
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6000.00	6000.00
(i) Itemized (use Schedule A)	13791.00	13791.00
(ii) Unitemized	19791.00	19791.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	19791.00	19791.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	948.58	948.58
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20739.58	20739.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20739.58	20739.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		26050.00	26050.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		26050.00	26050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		26050.00	26050.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19791.00	19791.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19791.00	19791.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 14

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Steven Cassabaum
Mailing Address 62944 Sunset Drive

City State Zip Code
Nevada IA 50201-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer
21st Century Rehab P.C.

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60106.C111210

Amount of Each Receipt this Period

250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Amy Christiaens
Mailing Address 2619 Wheaton Lane

City State Zip Code
Cheney WA 99004-2186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 60130.C111463

Amount of Each Receipt this Period

250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Enrico Dellagatta
Mailing Address PO Box 663

City State Zip Code
Hammonton NJ 08037-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 60130.C111753

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Marian Fitzpatrick		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address Fitzpatrick PT 1252 Broadway Suite B		Transaction ID: 60130.C111786
City Placerville State CA Zip Code 95667-5806	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Fitzpatrick PT Occupation Physical Therapist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Paul Gaspar		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 748 Lynwood Drive		Transaction ID: 60130.C111608
City Encinitas State CA Zip Code 92024-2389	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Gaspar Physical Therapy Occupation Physical Therapist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Margaret Grey		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 10 Drummond Rd		Transaction ID: 60106.C111204
City Enfield State CT Zip Code 06082-2532	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Grey Physical Therapy Occupation Physical Therapist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial)
Geraldine Grzybek
Mailing Address 138 Elmwood Dr

City State Zip Code
Glenshaw PA 15116-1234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: 60130.C111758

Amount of Each Receipt this Period

500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Craig Legacy
Mailing Address 29803 Santa Margarita Pkwy

City State Zip Code
Rancho Santa Marga CA 92688-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
RSMPT & Sports Medicine

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 60106.C111205

Amount of Each Receipt this Period

250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Peter McMnamin
Mailing Address Physical Therapy Chicago
55 E Washington St Suite 1320

City State Zip Code
Chicago IL 60602-2561

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physical Therapy Chicago

Occupation
Physical Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 6

Transaction ID: 60130.C111563

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Janet Peterson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 17781 15th Ave NW		Transaction ID: 60130.C111734
City Shoreline	State WA	Zip Code 98177-3302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Larry Richardson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 950 Hightway 584		Transaction ID: 60130.C111451
City Rayville	State LA	Zip Code 71269-4328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Premier Therapy Services	Occupation Physical Therapist	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Marilyn Swygert		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 1730 Savannah Hwy		Transaction ID: 60106.C111239
City Charleston	State SC	Zip Code 29407-6255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physical Therapist	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A. Full Name (Last, First, Middle Initial) Randy Thomas		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address Thomas Orthopedic & Sports 100 Professional Blvd		Transaction ID: 60130.C111779
City State Zip Code Daytona Beach FL 32114-3840	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Thomas Orthopedic & Sports	Occupation Physical Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Patricia Traynor		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 362 West Radcliffe Drive		Transaction ID: 60130.C111733
City State Zip Code Claremont CA 91711-2837	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Self-Employed	Occupation Physical Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Camilla Wilson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 631 Crestridge Ct		Transaction ID: 60130.C111426
City State Zip Code Wichita KS 67230-1621	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Wichita State University	Occupation Physical Therapist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

A.

Full Name (Last, First, Middle Initial)

SunTrust Bank

Mailing Address Old Town Branch
King Street

City State Zip Code
Alexandria VA 22314-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.58

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 6

Transaction ID: 60217.C111873

Amount of Each Receipt this Period

948.58

Other Receipt

SUBTOTAL of Receipts This Page (optional)

948.58

TOTAL This Period (last page this line number only)

948.58

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003-

Purpose of Disbursement
CHECK RETURNED OR VOIDED OH-15 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2130

Date of Disbursement

01 / 04 / 2006

Amount of Each Disbursement this Period

-1000.00

CHECK RETURNED OR VOIDED
OH-15 (H)

Full Name (Last, First, Middle Initial)

B. Shelley Berkley for Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121-

Purpose of Disbursement
CONTR. TO REP. BERKLEY NV-1 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2124

Date of Disbursement

01 / 26 / 2006

Amount of Each Disbursement this Period

550.00

CONTR. TO REP. BERKLEY NV-
1 (H)

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
POLITICAL PARTY CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2128

Date of Disbursement

01 / 26 / 2006

Amount of Each Disbursement this Period

15000.00

POLITICAL PARTY CONTRIBUT-
ION

SUBTOTAL of Disbursements This Page (optional)

14550.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Full Name (Last, First, Middle Initial)

A. Mike Ross for Congress Committee

Mailing Address P.O. Box 360

City
Prescott

State
AR

Zip Code
71857-

Purpose of Disbursement
CONTR. TO REP. ROSS AR-4 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2127

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTR. TO REP. ROSS AR-4
(H)

Full Name (Last, First, Middle Initial)

B. Virginia Foxx for Congress

Mailing Address P.O. Box 1100

City
Clemmons

State
NC

Zip Code
27012-

Purpose of Disbursement
CONTR. TO REP. FOXX NC-5 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

CONTR. TO REP. FOXX NC-5
(H)

Full Name (Last, First, Middle Initial)

C. Bob Filner for Congress

Mailing Address P.O. Box 127868

City
San Diego

State
CA

Zip Code
92112-

Purpose of Disbursement
CONTR. TO REP. FILNER CA-51 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

CONTR. TO REP. FILNER CA-
51 (H)

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Physical Therapy Association Physical Therapy Political Action Committee
(PT-PA)

Full Name (Last, First, Middle Initial)

A. Sires for Congress

Mailing Address 6050 Boulevard East
Suite 6B

City West New York State NJ Zip Code 07093-

Purpose of Disbursement
CONTR. TO CAND. SIRES NJ-13 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTR. TO CAND. SIRES NJ-13 (H)

Full Name (Last, First, Middle Initial)

B. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078-

Purpose of Disbursement
CONTR. TO CAND. JORDAN OH-4 (H)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60217.E2126

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

CONTR. TO CAND. JORDAN OH-4 (H)

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

26050.00